

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 145 ✓
Registered No. 206

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jeanette Evelyn Williams
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 8-8-25
Month Day Year

8. FATHER
Full name Alfred Hector Williams
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state _____
10. Color or race white
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Aspen
(State or country) Colorado
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Veronica Haggerson
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state _____
16. Color or race white
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Republic
(State or country) Michigan
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 A m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. W. Adams
Globe, Ariz.
(Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Filed 8/31, 1925 C. W. Adams
Registrar Registrar

162-808-585

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.